



Summary of Benefits Plan B



Medical Benefit		
Annual Deductible	Single Coverage, In-Network	\$800
	Family Coverage, In-Network	\$1,600
	Single Coverage, Out-of-Network	\$1,600
	Family Coverage, Out-of-Network	\$3,200
Annual Out-of-Pocket Maximum	Single Coverage, In-Network	\$2,500
	Family Coverage, In-Network	\$5,000
	Single Coverage, Out-of-Network	\$5,000
	Family Coverage, Out-of-Network	\$10,000
Annual Benefit Maximum per Member	Single & Family Coverage	\$200,000
Prescription Drug Benefit		
Annual Deductible	Single Coverage	\$400
	Family Coverage	\$800
Annual Out-of-Pocket Maximum	Single Coverage	\$2,000
	Family Coverage	\$4,000
Annual Prescription Drug Benefit Maximum Per Member	Single & Family Coverage	\$25,000
Combined Lifetime Benefit Maximum Per Member– Medical and Prescription Drug Benefit	Single & Family Coverage	\$1,000,000

Note: This Summary of Benefits is a part of your Policy for Health Coverage with AccessWV.

AccessWV Summary of Benefits – Partial Listing of Covered Services

Medical Benefits			
	Cost to Member		
Physician Services	In-Network, WV	In-Network, Non-WV	Out-of-Network
Adult routine physical exams (including prostate & gyn exam with Pap Smear)	\$10 copay (for office visit only)	30% coinsurance*	40% coinsurance*
Diagnostic x-ray, lab and testing	20% coinsurance*		
Mammograms (screening once annually)	\$0, Covered in full		
Physician inpatient visits	20% coinsurance		
Physician office visits – primary care	\$15 copay		
Physician office visits – specialty care	\$15 copay		
Prenatal care (routine)	\$0, Covered in full Routine care only		
Second surgical opinion	\$15 copay (no copay if required by Acordia)		
Well child exams	\$0, Covered in full	\$0, Covered in full	\$0, Covered in full
Well child immunizations	\$0, Covered in full	\$0, Covered in full	\$0, Covered in full
Inpatient Services	In-Network, WV	In-Network, Non-WV	Out-of-Network
Semi-private room; ancillaries, therapy services, x-ray, lab, surgical services, and general nursing care	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Maternity care (delivery)			
Rehabilitation facility (limited to 150 days per member per plan year)			
Skilled nursing (limited to 100 days per member per plan year)			
Hospital Outpatient Services	In-Network, WV	In-Network, Non-WV	Out-of-Network
Ambulatory/outpatient surgery	\$50 copay + 20% coinsurance*	\$75 copay + 30% coinsurance*	\$100 copay + 40% coinsurance*
Preadmission testing	20% coinsurance*	30% coinsurance*	40% coinsurance*

*Medical deductible applies, if not already met. In case of out-of-network care, member may be subject to balance billing.

Note: Some enrollees will be subject to a 6-month pre-existing condition waiting period before claims for services related to their health condition will be paid by the plan.

This is a summary of benefits by AccessWV and other limitations of coverage apply. Please refer to your Policy for more details.

AccessWV Summary of Benefits – Partial Listing of Covered Services

Mental Health & Chemical Dependency Benefits	In-Network, WV	In-Network, Non-WV	Out-of-Network
	Cost to Member		
Outpatient mental health and chemical dependency (limited to 20 visits per member per plan year)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Inpatient mental health and chemical dependency (including partial hospitalization) (limited to 30 days per member per plan year)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Inpatient detoxification	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Other Services	In-Network, WV	In-Network, Non-WV	Out-of-Network
Allergy testing and treatment	20% coinsurance*	30% coinsurance*	40% coinsurance*
Cardiac and pulmonary rehabilitation (limit of 36 sessions per member per year)			
Dental services – accident related			
Dental services – Coverage for impacted teeth only			
Diabetic supplies	Covered under prescription drug plan		
Durable Medical Equipment (DME)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Emergency ambulance (Medically necessary)			
Emergency services including supplies (certified as emergency)	\$25 copay + 20% coinsurance*		
Emergency room treatment (Non-emergency)	\$50 copay + 20% coinsurance*	\$50 copay + 30% coinsurance*	\$50 copay + 40% coinsurance*
Growth hormone	Covered under prescription drug plan		
Home health services and supplies	20% coinsurance*	30% coinsurance*	40% coinsurance*
Hospice			
Infertility treatment (medical services only, artificial methods of treatment and prescriptions not covered)			
Medical supplies			
Outpatient therapies (Acupuncture, Chiropractic, Occupational Therapy, Physical Therapy, Speech Therapy, combined limit of 20 visits per member per plan year)			
Prosthetics			
Radiation and chemotherapy			
Transplants	20% coinsurance* (LifeTrac network)	\$7,500 Deductible + 30% coinsurance*	\$10,000 Deductible + 40% coinsurance*
Transplant-related transportation and lodging	Expenses after \$5,000	Member pays all expenses	Member pays all expenses
Urgent care	20% coinsurance*	30% coinsurance*	40% coinsurance*

*Medical deductible applies, if not already met. In case of out-of-network care, member may be subject to balance billing.

Note: Some enrollees will be subject to a 6-month pre-existing condition waiting period before claims for services related to their health condition will be paid by the plan.

This is a summary of benefits by AccessWV and other limitations of coverage apply. Please refer to your Policy for more details.

Prescription Drug Benefits (Preferred Drug List with Mandatory Generics)		
	Cost to Member*	
	In-Network	Out-of-Network
Generic Drug	\$5	\$5 + \$3 out-of-network copay
Formulary brand necessary	\$15	\$15 + \$3 out-of-network copay
Brand requested by patient	\$5 + full cost difference from generic	\$5 + \$3 out-of-network copay + full cost difference from generic
Non-formulary drug	\$30	\$30 + \$3 out-of-network copay
Maintenance medication discount	90-day supply for 2 month copay in mail order program or Retail Maintenance Network (some restrictions apply)	No discount available

*All costs are after the pharmacy deductible is met.